AN INAUGURAL DISSERTATION
ON
Typhoid Fever
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Typhoid Fever

This fever is to be found in all parts of the United States. But—is mostly to be found in those parts where malaria fever do not prevail. But still as before stated it is to be found in all parts of the United States and according to various authors the inhabitance of all countries and stations on the globe are subject to it symptoms. This disease generally comes on slowly and increases gradually so that it is often impossible to fix the precise time of its commencement. The patient of being somewhat...
uncomfortable and perhaps of weariness general uneasiness soreness of the limbs and often of a little headache and generally over one or both eyes. The skin is somewhat heated. The face generally flushed. The pulse is accelerated. The tongue when examined is found to be slightly coated with a thin whitish fur. The appetite is impaired and the symptoms continue to increase with daily remissions for several days and perhaps for a week before the patient feels sufficiently ill to take his bed but at other times it sets in more abruptly.
and the patient is soon considerably prostrated. During the first 3 or 4 days and perhaps the first week he has slight chilly sensations, but hardly the amounting to a complete chill or rigors. After the disease has gotten fully under headway the chilliness generally ceases. There is generally some looseness of the bowels often amounting to diarrhoea and there is generally an extraordinary susceptibility to the action of cathartic medicines which operate in much smaller doses than in most other diseases perhaps one third of the amount of
Medicine will act on the Bowells in this disease that would take to act on the Bowells in a case of Malarial Feaver. The pulse in some cases is not much accelerated. Some times not amounting to more than 80 or 90 beats in a minute. At other times amounting to 115 or 120 beats in a minute and sometimes even more but not often. The flush in the face is more of a purple color than in most other diseases. The patient often experiences pain in the Neck and Loin. There is often restlessness and a want of Sleep.
The patient often bleeds at the nose, but generally but little. As the disease advances the pulse becomes more frequent and generally more feeble. The tongue coats itself with a thicker fur and it is generally red at its tip and borders. The patient generally has some cough, and it is generally a dry cough, with but little expectoration. As the disease advances the tongue often becomes dry with a dark brown coat on it. Swallowing is sometimes difficult. The abdomen is often swollen and the patient generally lies on his back. If the abdomen and chest be examined
there will sometimes be found red spots like the bites. The patient is often delirious and there is often a hardness of hearing. The tongue is often protruded with difficulty and sometimes trembles when an effort is made to protrude it, dark sordes collect on the teeth, gums and lips. Sometimes there is twitching of the muscles. The patient often picks at the bedclothes and imagines things and often mutters half formed sentences. There is often hemorrhage from the bowels. Some of the most important symptoms of this disease are hemorrhage of the bowels, diarrhoea, rose colour.
Spots on the abdomen and the chest. Dyspnea. The pulse being less frequent in this disease than it is in most other fevers. Hemorrhage from the bowels and more and also nervous symptoms. Delusions in hearing delirium. The tongue being red at its tip and borders and being thicker and narrower. Small doses of purgatives acting faster than in most other diseases.

Anatomical changes. Dyres glands are always affected in this disease and generally found to be ulcerated on post-mortem examination. The spleen in all morton.
casee is more or less altered
being generally enlarged and
softened and according to Dr.
Wood the Liver is frequently
softened and the same may
be said of the Kidneys though
in a less degree altered. The Heart is sometimes
softened and very often many
of the other organs are found
altered. The Blood has
much less fibrin in it than
it has in other diseases.

Causes Nothing precisely is known of the causes of this
disease it is supposed to be produced by a species of
Diozon which may perhaps correctly be called Syphoid
poison. It is generally admit
not to occur twice in the same individual. Young men and women are more subject to it than the old. Very young children are not apt to have this disease. I treated one case where it occurred in a man over forty years of age. Five cases where it occurred in persons between twenty and twenty-five, and some eight or ten where it occurred in persons aged between ten and twenty. It may occur at any season of the year but most commonly it occurs in the fall and winter. I generally admitted not to be contagious and it is also my opinion
Diagnosis. The most characteristic symptoms of this disease are the frequent slow and insidious mode of the attack. The diarrhoea at the commencement of the disease is soon after wards the dull or heavy oppression of the countenance. The dusky line of the same. The tendency to bleed at the nose. The cough or bronchial symptoms. Out of fourteen or fifteen cases I treated last year and this, the cough was present in many near all of them. The rose-coloured eruption. The deafness. The stupor. The duration of the disease exceeding that of most other diseases. All are diagnostic symptoms.
One of the diseases Syphilis may be mistaken for is malarial fever. The latter may most generally be distinguished by its more regular and decided remissions and by the yellowing of the skin and the swellings coat on the tongue and by its shorter duration and by the absence of those signs that generally occur in typhoid fever. If there exists any doubt as to the correct diagnosis Quinine should be given as a test and if it fails to moderate the fever Typhoid may be suspected. The average duration of this disease is about three weeks but it may run on for six or eight weeks or more or it may not last three weeks.
Diagnosis, if the patient keeps his right mind and appears to take a good deal of interest in his welfare it is a favourable symptom. If the disease assumes a mild form from the start it is a favourable symptom. A general abatement in the symptoms the more favourable. The nearer the pulse assumes its natural standard in which the more favourable. High fever with early delirium is a unfavourable symptom if the patient thinks there is nothing much the matter of him it is unfavourable. Delirium, insubstantial delirium, epileptic fits and a difficulty in swallowing are all unfavourable
symptoms. Treatment.

The treatment of this disease the patient should be quieted as much as possible, and all exertions both physical and mental should be checked as much as possible. If there exists any doubt on the part of the physician as to the diagnosis Quinine should be given as a test and if this fails to check the disease the physician may know that it is not malarial fever, when the physician is satisfied that it is typhoid fever he should begin with the spirits of turpentine it should be given in doses of four or five drops every two or three hours.
through the disease, it is best administered in a mucilage of gum arabic and loaf sugar to which the compound spirits of lavender may be added so that the patient may take the same amount of the compound spirits of lavender or the spirits of turpentine. There are some other symptoms that often occur that should be met promptly. Hemor rhage from the nose is profuse should be met with cold applications and if cold will not check it the nostrils should be plugged. Hemorrhage from the bowels may be checked with cold injections and cold applications. If the diarrhea is moderate...
It should be let alone but if the bowels do not act, aspirin should be given and if the bowels are not active enough, they may be invigorated by cold water or biberon and cold water. If the patient is delirious and does not sleep well at night, he should have associates to procure rest.
If the abdomen is much swollen and tender to the touch poultices should be used and sometimes a wet towel may be applied to the abdomen. But the most important remedy is the use of spirits of turpentine which should be given through the day and diluted during the night. The patient's diet should be light but nourishing. It may be necessary to resort to stimulants sometimes in the advanced stage of the disease, and perhaps the best stimulant is pure old corn whiskey. But stimulants should be used with great caution.